

**Dr. Jack Weaver, Chiropractor**

3051 Victor Avenue

Redding, CA 96002

(530) 223-0583

**NEW PATIENT INFORMATION SHEET**

*Thank you for taking the time to fill out the following information. It will be important to the doctor in determining the nature of your problem and outlining an appropriate treatment plan for your condition.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

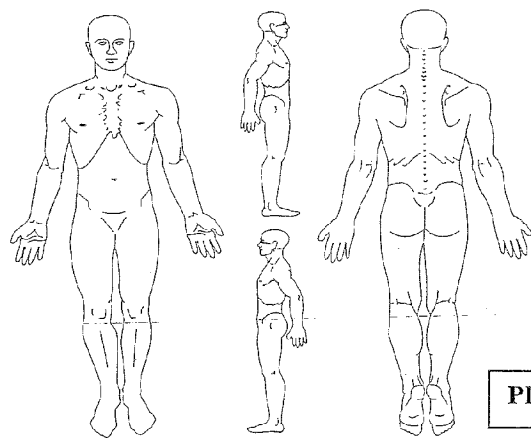
Patient Occupation: \_\_\_\_\_

Patient Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

**Will we be billing (circle one) workers' compensation insurance, a group health plan, or Medicare for you?**

Please place an "X" on the pictures, where you have pain at this time



When did the pain begin?  
\_\_\_\_\_  
If due to injury, please describe  
\_\_\_\_\_  
\_\_\_\_\_

**Please continue to next page.....**